

**APPLICATION FOR  
RECREATIONAL VEHICLE**

Bayfield County Planning and Zoning Department  
P.O. Box 58  
117 East Sixth Street  
Washburn, WI 54891  
Phone - (715) 373-6138

RECEIVED  
JUN 03 2014  
Bayfield Co. Zoning Dept.



|                             |                    |
|-----------------------------|--------------------|
| Office Use:                 |                    |
| Zoning District/Lakes Class | <u>1-Superior</u>  |
| Application No.             | <u>14-0136</u>     |
| Date                        | <u>6-16-14</u>     |
| Fee Paid                    | <u>\$75 6-4-14</u> |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
Changes in plans must be approved by the Zoning Department

**Property Owner** Frances Van Nock  
**Mailing Address** 1400 County Highway C  
Washburn, WI 54891  
**Telephone** 715 373-5056 / 715-682-6108

**Property Address of RV placement.** Lake Shore Drive  
Barksdale, WI  
**Agents** David + Colleen Jensen  
**Written Authorization Attached:** Yes ☒ No ( )

**Accurate Legal Description involved in this request:**  
1/4 of 1/4 of Section 7 Township 48 N. Range 4 W. Town of Barksdale  
**Gov't Lot** 3 **Lot** 1 **Block**      **Subdivision**      **CSM #** 544  
**Volume** 401 **Page** 38 **of Deeds** **Parcel I.D. #** 04-002-2-48-04-07-305-003-80000 **Acreage** 6.2 Acres

**Additional Legal Description:**     

ATTACH  
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☒ No ☐ If Yes, Distance from Shoreline: 75' or greater ☒ < 75' to 40' ☐ less than 40' ☐

**RV:** New ☒ Replacement ☐ **Year:** 2009 **Vin #:** 4YDT 2552696410954  
**Make of RV:** Keystone **Model of RV:** Passport Lite

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

|   |   |  |
|---|---|--|
| Rec'd for Issuance<br>JUN 16 2014<br>Secretarial Staff  | <b>APPLICANT - PLEASE COMPLETE REVERSE SIDE</b> |  |
| Permit Issued:  | For Office Use Only                             | Zoning District/Lakes Class: <u>    </u> |
| Issuance Date <u>6-16-14</u>  | Sanitary Number <u>69845</u>                    | Date <u>9/25/1985</u>                    |
| Permit Number <u>14-0136</u>  | Permit Denied (Date) <u>    </u>                |  |
| Reason for Denial: <u>    </u>  |   |  |
| Inspection Record: <u>    </u>  |   |  |
| By <u>Cromberg Murphy</u> Date of Inspection <u>6-12-14</u>   |   |  |
| Variance (B.O.A.) # <u>    </u>   |   |  |
| Condition: <u>RV may be placed up to 4 months from issuance date.</u> Must be removed by: <u>4 months from date of issuance</u> |   |  |
| Signed <u>[Signature]</u> <u>6-16-14</u><br>Inspector   |   | Date of Approval <u>    </u>             |

May Not be used as a permanent residence.  
February 2013

frontage road as a guideline, and indicate North (N) on plot plan

RV (Recreation Vehicle) location

dimensions in feet on the following:

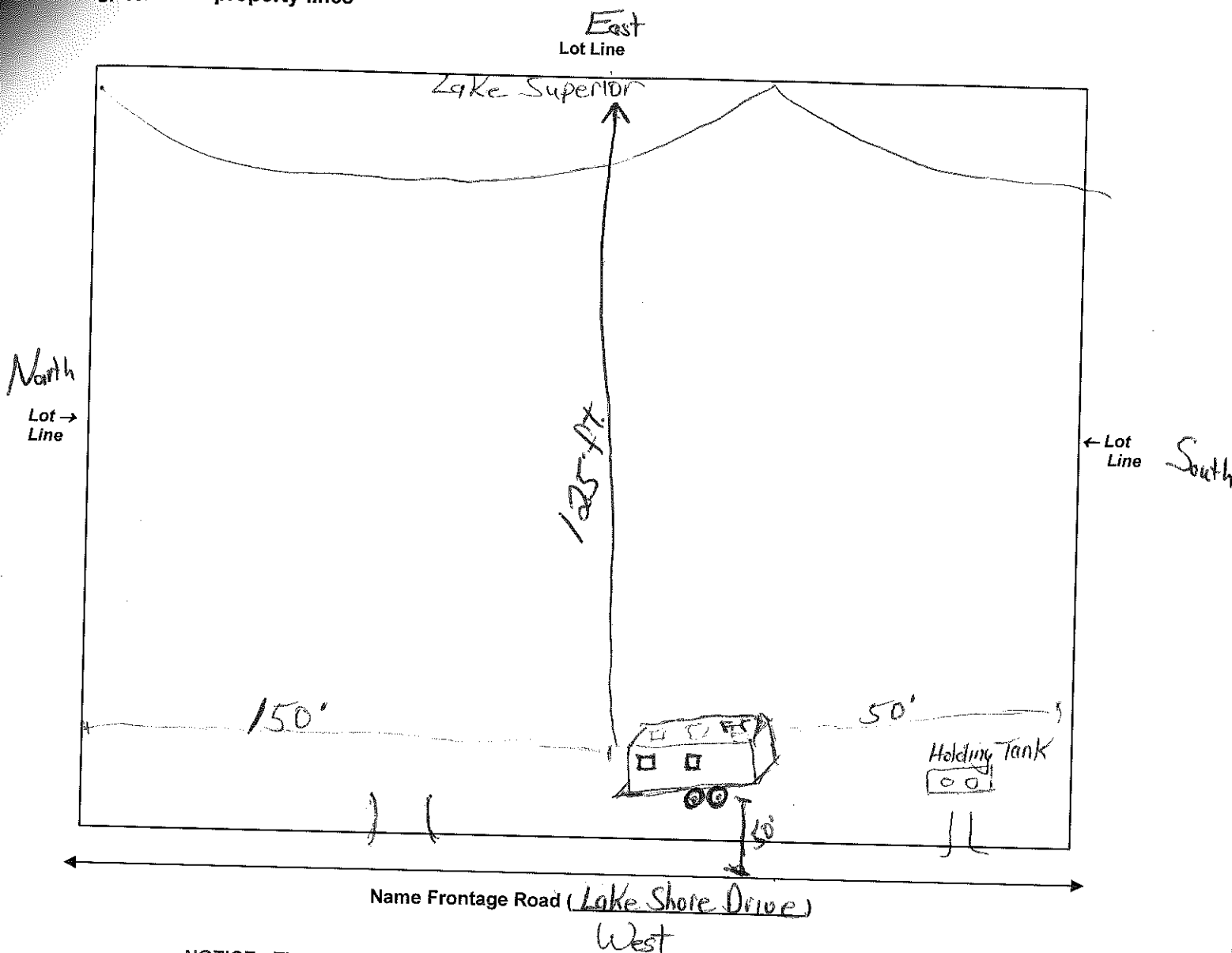
- RV from centerline of road(s).
- RV from right-of-way line
- RV from property lines

**IMPORTANT**  
Detailed Plot Plan is Necessary

d. RV from lake, river, stream or pond

e. RV from Privy

95' from top of Bluff



NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent Frances Van Nock / David N. Jensen Date June 3, 2014  
Address to send permit David N. Jensen 1400 County Highway C Washburn, WI 54891

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Received  
JUN 09 2014

ENTERED #  
Date  
14-0143  
16-19-14  
Amount Paid: \$75 6-10-14  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Scott & Mollie Givinnell Mailing Address: 24500 Cherryville Ashland WI 54806 Telephone: 715.6822143

Address of Property: 24500 Cherryville RD City/State/Zip: Ashland WI 54806 Cell Phone:

Contractor: N/A Contractor Phone: Plumber: Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: N/A Legal Description: (Use Tax Statement) PIN: (23 digits) 04-002-2-18-06-4 03-000-1000 Recorded Document: (i.e. Property Ownership) Volume 1029 Page(s) 182 437

SW 1/4, SE 1/4 Gov't Lot Lots CSM Vol & Page Lots No. Block(s) No. Subdivision: Lot Size Acreage 40

Section 25, Township 48 N, Range 06 W Town of: Burdendale (Township) Distance Structure is from Shoreline: Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☒ Yes ☐ No

☒ Non-Shoreland ☐ Shoreland ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ Yes ☒ No Distance Structure is from Shoreline: feet ☒ No

| Value at Time of Completion<br>* include donated time & material | Project<br>(What are you applying for)  | # of Stories and/or basement  | Use   | # of bedrooms  | What Type of Sewer/Sanitary System Is on the property?  | Water   |
|--|---|---|---|--|---|---|
| \$ 7000.00   | <input checked="" type="checkbox"/> New Construction<br><input type="checkbox"/> Addition/Alteration<br><input type="checkbox"/> Conversion<br><input type="checkbox"/> Relocate (existing bldg)<br><input type="checkbox"/> Run a Business on Property<br><input type="checkbox"/> | <input checked="" type="checkbox"/> 1-Story<br><input type="checkbox"/> 1-Story + Loft<br><input type="checkbox"/> 2-Story<br><input type="checkbox"/> Basement<br><input checked="" type="checkbox"/> No Basement<br><input type="checkbox"/> Foundation | <input checked="" type="checkbox"/> Seasonal<br><input type="checkbox"/> Year Round | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3 | <input type="checkbox"/> Municipal/City<br><input type="checkbox"/> (New) Sanitary<br><input checked="" type="checkbox"/> Sanitary (exists) Specify Type: Scott & Mollie<br><input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)<br><input type="checkbox"/> Portable (w/service contract)<br><input type="checkbox"/> Compost Toilet<br><input type="checkbox"/> None | <input type="checkbox"/> City<br><input checked="" type="checkbox"/> Well |

Existing Structure: (if permit being applied for is relevant to it) Length: 72' Width: 26' Height: 12'

| Proposed Use  | Proposed Structure  | Dimensions  | Square Footage |
|---|---|---|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property)<br><input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)<br><input type="checkbox"/> with Loft<br><input type="checkbox"/> with a Porch<br><input type="checkbox"/> with (2nd) Porch<br><input type="checkbox"/> with a Deck<br><input type="checkbox"/> with (2nd) Deck<br><input type="checkbox"/> with Attached Garage | ( )<br>( )<br>( )<br>( )<br>( )<br>( )<br>( )<br>( )<br>( ) |                |
| <input type="checkbox"/> Commercial Use             | <input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)<br><input type="checkbox"/> Mobile Home (manufactured date)  | ( )<br>( )  |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/> Addition/Alteration (specify)<br><input checked="" type="checkbox"/> Accessory Building (specify) High tunnel hoop house<br><input type="checkbox"/> Accessory Building Addition/Alteration (specify)  | ( )<br>( 72' X 26' )<br>( )                                 |                |
| Rec'd for Issuance                                  | Special Use: (explain)<br>Conditional Use: (explain)<br>Other: (explain)  | ( )<br>( )<br>( )   |                |
| JUN 19 2014   |   | ( )<br>( )<br>( )   |                |
| Secretarial Staff                                   |   | ( )<br>( )<br>( )   |                |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to County officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

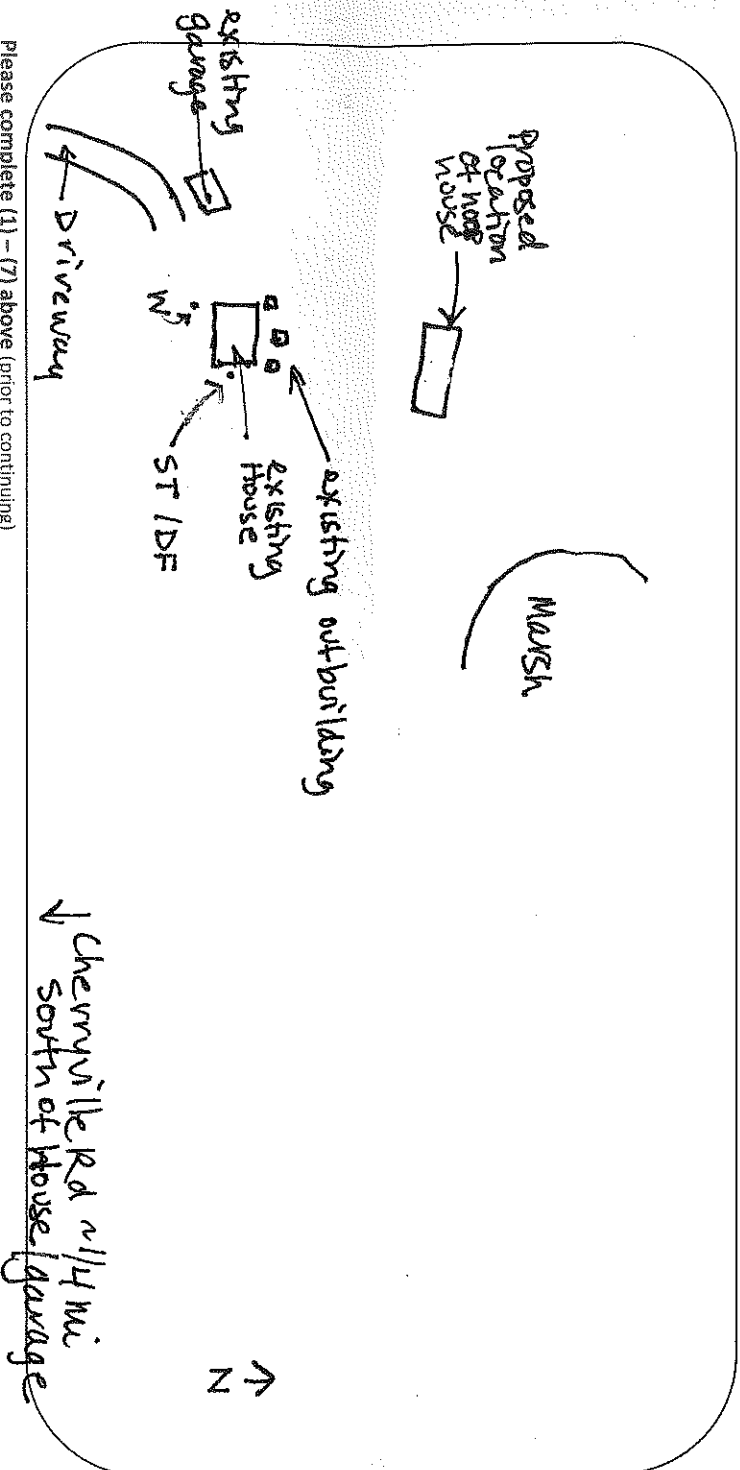
Owner(s): Mollie Givinnell Scott Givinnell Date 6/14/14  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date

Address to send permit 24500 Cherryville RD Ashland WI 54806 Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description                                 | Measurement  | Description                                      | Measurement |
|---|--------------|--|-------------|
| Setback from the Centerline of Platted Road | ~1/4 mi Feet | Setback from the Lake (ordinary high-water mark) | N/A Feet    |
| Setback from the Established Right-of-Way   |              | Setback from the River, Stream, Creek            | N/A Feet    |
| Setback from the North Lot Line             | 1320 Feet    | Setback from the Bank or Bluff                   | N/A Feet    |
| Setback from the South Lot Line             | 520 Feet     | Setback from Wetland                             | 250 Feet    |
| Setback from the West Lot Line              | 200 Feet     | Setback from 20% Slope Area                      | N/A Feet    |
| Setback from the East Lot Line              | 1100 Feet    | Elevation of Floodplain                          |             |
| Setback to Septic Tank or Holding Tank      | 350 Feet     | Setback to Well                                  | 370 Feet    |
| Setback to Drain Field                      | 350 Feet     |  |             |
| Setback to Privy (Portable, Composting)     | N/A Feet     |  |             |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|  |   |  |   |  |
|--|---|--|---|--|
| <b>Issuance Information (County Use Only)</b>  |   | Sanitary Number:                             | # of bedrooms:                          | Sanitary Date:   |
| Permit Denied (Date):  |   | Reason for Denial:                           |   |  |
| Permit #: 14-6143  | Permit Date: 6-19-14  |  |   |  |
| Is Parcel a Sub-Standard Lot   | <input checked="" type="checkbox"/> Yes (Deed of Record)            | <input checked="" type="checkbox"/> No       | Mitigation Required                     | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership  | <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))   | <input checked="" type="checkbox"/> No       | Mitigation Attached                     | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming  | <input checked="" type="checkbox"/> Yes                             | <input checked="" type="checkbox"/> No       | Previously Granted by Variance (B.O.A.) | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)   | Case #: _____   | Case #: _____                                |   |  |
| Was Parcel Legally Created   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner     |   |  |
| Was Proposed Building Site Delineated  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed                        |   |  |
| Inspection Record: Property owners both present  |   |  |   |  |
| Date of inspection: 6-17-14  | Inspected by: J. Green  | Zoning District: F-1                         |   |  |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)                 |   | Lakes Classification (N/A)                   |   |  |
| not intended for human habitation. Any commercial agricultural use of the property in F-1 zone requires special use permit. Any products for personal residential use. |   | Date of Re-Inspection:                       |   |  |
| Signature of Inspector: _____  | Date of Approval: 6-19-14   |  |   |  |
| Hold For Sanitary: <input type="checkbox"/>  | Hold For TBA: <input type="checkbox"/>                              | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/>   |

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (received)

JUN 09 2014

Bayfield Co. Zoning Dept.

ENTERED

Permit #:

14-0145

Date:

6-19-14

Amount Paid:

\$1200 6-11-14

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

|  |  |   |                                   |   |  |   |                                 |   |
|--|--|---|-----------------------------------|---|--|---|---------------------------------|---|
| TYPE OF PERMIT REQUESTED →   |  | <input type="checkbox"/> LAND USE   | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVATE                | <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> SPECIAL USE  | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER  |
| Owner's Name:  |  | Mailing Address:  |                                   | City/State/Zip:                                 |  | Telephone:  |                                 |   |
| John McCue   |  | 70390 Range Rd  |                                   | Mishawaka WI                                    |  | (715) 682-4322  |                                 |   |
| Address of Property:   |  | City/State/Zip:   |                                   | Cell Phone:                                     |  | Plumber Phone:  |                                 |   |
| 70390 Range Rd   |  |   |                                   |   |  |   |                                 |   |
| Contractor:  |  | Contractor Phone:   |                                   | Plumber:  |  | Plumber Phone:  |                                 |   |
| Steven C. Pribek   |  | 715-292-3137  |                                   |   |  |   |                                 |   |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  | Agent Phone:  |                                   | Agent Mailing Address (Include City/State/Zip): |  | Written Authorization Attached  |                                 |   |
| Steven C. Pribek   |  | 292-3137  |                                   | 505 21st Ave. West Ashland                      |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |                                 |   |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement)  |                                   | PIN: (23 digits)                                |  | Recorded Document: (i.e. Property Ownership)  |                                 | Page(s)   |
| SW 1/4, SW 1/4   |  | S 1/2 NW 1/4, SW 1/4  |                                   | 0400224805 S 1/2 NW 1/4 20002000                |  | Volume 409  |                                 | 58  |
| Section 31, Township 48 N, Range 05 W                                |  | Town of: Banks Dale   |                                   | Lot Size  |  | Acreage   |                                 | 20.7  |
| <input type="checkbox"/> Shoreland →                                 |  | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue → |                                   | Distance Structure is from Shoreline: feet      |  | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                 | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Non-Shoreland                               |  | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →   |                                   | Distance Structure is from Shoreline: feet      |  |   |                                 |   |

|  |  |   |  |  |  |  |
|--|--|---|--|--|--|--|
| Value at Time of Completion<br>* include donated time & material | Project  | # of Stories and/or basement                | Use  | # of bedrooms                            | What Type of Sewer/Sanitary System Is on the property?                     | Water                                    |
| \$ 40,000  | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal              | <input type="checkbox"/> 1               | <input type="checkbox"/> Municipal/City                                    | <input type="checkbox"/> City            |
|  | <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft     | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2               | <input type="checkbox"/> (New) Sanitary                                    | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story            | <input type="checkbox"/>                       | <input type="checkbox"/> 3               | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic |  |
|  | <input type="checkbox"/> Relocate (existing bldg)    | <input type="checkbox"/> Basement           | <input type="checkbox"/>                       | <input type="checkbox"/>                 | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)           |  |
|  | <input type="checkbox"/> Run a Business on Property  | <input type="checkbox"/> No Basement        | <input type="checkbox"/>                       | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract)                     |  |
|  | <input type="checkbox"/>                             | <input type="checkbox"/> Foundation         | <input type="checkbox"/>                       | <input type="checkbox"/>                 | <input type="checkbox"/> Compost Toilet                                    |  |
|  | <input type="checkbox"/>                             | <input type="checkbox"/>                    | <input type="checkbox"/>                       | <input type="checkbox"/>                 | <input type="checkbox"/> None  |  |

Existing Structure: (If permit being applied for is relevant to it) Length: 42 Width: 28 Height: 22  
Proposed Construction: Length: 40 Width: 32 Height: 28

|   |                                     |   |             |                |
|---|-------------------------------------|---|-------------|----------------|
| Proposed Use  | ✓                                   | Proposed Structure                          | Dimensions  | Square Footage |
| <input type="checkbox"/> Principal Structure (first structure on property)  | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.) | ( X )       |                |
| <input type="checkbox"/> with Loft  | <input type="checkbox"/>            |   | ( X )       |                |
| <input type="checkbox"/> with a Porch   | <input type="checkbox"/>            |   | ( X )       |                |
| <input type="checkbox"/> with (2nd) Porch   | <input type="checkbox"/>            |   | ( X )       |                |
| <input type="checkbox"/> with a Deck  | <input type="checkbox"/>            |   | ( X )       |                |
| <input type="checkbox"/> with (2nd) Deck  | <input type="checkbox"/>            |   | ( X )       |                |
| <input type="checkbox"/> with Attached Garage   | <input type="checkbox"/>            |   | ( X )       |                |
| <input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | <input type="checkbox"/>            |   | ( X )       |                |
| <input type="checkbox"/> Mobile Home (manufactured date)  | <input type="checkbox"/>            |   | ( X )       |                |
| <input type="checkbox"/> Addition/Alteration (specify)  | <input type="checkbox"/>            |   | ( X )       |                |
| <input checked="" type="checkbox"/> Accessory Building (specify) GARAGE   | <input checked="" type="checkbox"/> |   | ( 32 X 40 ) | 1280           |
| <input type="checkbox"/> Accessory Building Addition/Alteration (specify)   | <input type="checkbox"/>            |   | ( X )       |                |
| <input type="checkbox"/> Special Use: (explain)   | <input type="checkbox"/>            |   | ( X )       |                |
| <input type="checkbox"/> Conditional Use: (explain)   | <input type="checkbox"/>            |   | ( X )       |                |
| <input type="checkbox"/> Other: (explain)   | <input type="checkbox"/>            |   | ( X )       |                |

Rec'd for Issuance JUN 19 2014

Secretarial Staff FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): McCue Date 6-6-14

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

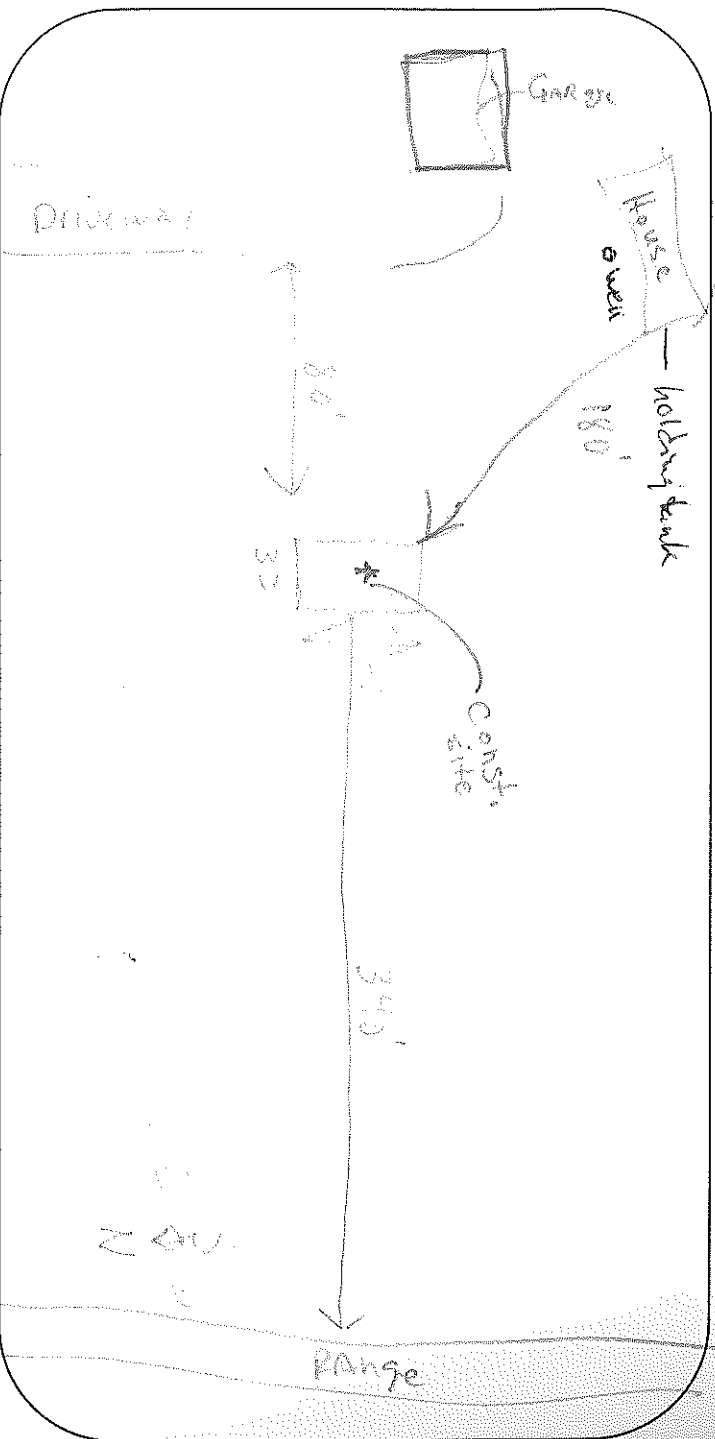
Authorized Agent: Steven C. Pribek S.C.P. Cons. License # 1282153 Date

Address to send permit 70390 Range Rd Attach Copy of Tax Statement If you recently purchased the property send your Recorded Deed



the box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description                                 | Measurement | Description                                      | Measurement  |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | 340' Feet   | Setback from the Lake (ordinary high-water mark) | Feet   |
| Setback from the Established Right-of-Way   | Feet        | Setback from the River, Stream, Creek            | Feet   |
| Setback from the North Lot Line             | 210' Feet   | Setback from the Bank or Bluff                   | Feet   |
| Setback from the South Lot Line             | 240' Feet   | Setback from Wetland                             | Feet   |
| Setback from the West Lot Line              | 340' Feet   | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line              | 700' Feet   | Elevation of Floodplain                          | Feet   |
| Setback to Septic Tank or Holding Tank      | Feet        | Setback to Well                                  | Feet   |
| Setback to Drain Field                      | Feet        |  |  |
| Setback to Privy (Portable, Composting)     | Feet        |  |  |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|   |   |   |   |  |   |                    |   |
|---|---|---|---|--|---|--------------------|---|
| <b>Issuance Information (County Use Only)</b>   |   | Sanitary Number: 18443  | # of bedrooms:  | Sanitary Date:                                   |   |                    |   |
| Permit Denied (Date):   |   | Reason for Denial:  |   |  |   |                    |   |
| Permit #: 14-045  |   | Permit Date: 6-19-14  |   |  |   |                    |   |
| Is Parcel a Sub-Standard Lot  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is Parcel in Common Ownership   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Required                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is Structure Non-Conforming   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.)          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)  |   | Case #:   |   | Case #:  |   |                    |   |
| Was Parcel Legally Created  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |                    |   |
| Was Proposed Building Site Delineated   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |                    |   |
| Inspection Record: Contractor present removing existing bldg damaged by snow load.  |   | Inspected by: J. Greenhouse Murphy  |   | Zoning District (A-1) Lakes Classification (A-1) |   |                    |   |
| Date of Inspection: 6-17-14   |   | Inspected by: J. Greenhouse Murphy  |   | Date of Re-Inspection:                           |   |                    |   |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) |   | Not Apparent for human habitation or indoor plumbing fixtures converted to pressurized water. |   | Date of Approval: 6-19-14                        |   |                    |   |
| Signature of Inspector:   |   | Date of Approval: 6-19-14   |   |  |   |                    |   |
| Hold For Sanitary: <input type="checkbox"/>   | Hold For TBA: <input type="checkbox"/>                              | Hold For Affidavit: <input type="checkbox"/>  | Hold For Fees: <input type="checkbox"/>                             |  |   |                    |   |